DIGITAL SIGNATURE CERTIFICATE REVOCATION REQUEST FORM

SignX

APPLICATION ID :	APPLICANT NAME :

CERTIFICATE CLASS :	☐ CLASS 2 ☐ CLASS 3 ☐ DOCUMENT SIGNER ☐ CODE SIGNER ☐ SSL
CERTIFICATE TYPE :	☐ ONLY SIGNING ☐ ONLY ENCRYPTION ☐ COMBO
REASON FOR REVOCATION :	☐ PRIVATE KEY COMPROMISE ☐ INFORMATION IN THE CERTIFICATE HAS CHANGED ☐ OTHER (PLEASE SPECIFY) ☐ DEATH / INSOLVENCY OF THE SUBSCRIBER ☐ DISSOLUTION / WINDING UP OF THE COMPANY

SERIAL NO. OF CERTIFICATE :	REVOCATION DATE & TIME :

Activate Windows
Go to Settings to activate Windows.